

# Maryland Department of Natural Resources

## APPLICATION FOR APPOINTMENT

### Board or Commission of Interest

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#### Personal Information

Name \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Maryland Legislative District: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Sponsoring person or organization, if any: \_\_\_\_\_

Are you an officer or board member of a professional association? \_\_\_\_\_ Yes \_\_\_\_\_ No

Office Held: \_\_\_\_\_

Do you hold a license in Maryland to practice a profession or trade? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please describe briefly your reasons for applying for membership to this board or commission. Please include any specific experience or education that supports your qualification for this appointment.**

#### Current Employment Information

Place of employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Self Employed \_\_\_\_\_ Yes \_\_\_\_\_ No

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please attach a brief resume that includes academic background, work experience and professional, political and civic organizations membership, or supply this information below.**

**Please provide two references.**

Name  
Address  
City, State, Zip  
Phone  
E-Mail

Name  
Address  
City, State, Zip  
Phone  
E-Mail

**Please return your completed application as follows:**

*By Mail:* Kristin Saunders, Chief of Staff  
Maryland Department of Natural Resources  
580 Taylor Avenue, C4  
Annapolis, MD 21401